

## Memorandum of Understanding between Charlotte TGA Recipient and Planning Body

### Purpose

This Memorandum of Understanding (MOU) is designed to:

1. Create a shared understanding of the relationship between the Charlotte Transitional Grant Area (TGA) Ryan White HIV/AIDS Program (RWHAP) Part A Recipient and the Planning Body (PB),
2. delineate the roles and responsibilities of each entity; and
3. encourage a mutually beneficial relationship between these partners.

The MOU describes the legislated responsibilities and roles of each party, the locally defined roles, and expectations for how these roles and responsibilities are fulfilled. The MOU helps ensure positive and appropriate communication, information sharing, and cooperation to safeguard the effective and efficient delivery of medical and support services to people living with HIV (PLWH) in the TGA.

### Roles and Responsibilities

#### Planning Body Roles and Responsibilities

The Planning Body is solely responsible for the following tasks, as specified in the RW HIV/AIDS Treatment Extension Act of 2009:

1. **Priority setting and resource allocation (PSRA):** Prioritize service categories, allocate funds to those categories, and provide directives to the Recipient on how best to meet priorities; Includes reallocation of funds as required during the program year and allocation of carryover funds.
2. **Assessment of the administrative mechanism:** Assess the Recipient's process for procuring services and disbursing funds to the areas of greatest need within the TGA.

#### Recipient Roles and Responsibilities

The Recipient is solely responsible for meeting the following legislatively mandated responsibilities:

1. **Procurement:** Manage the process for awarding contracts to specific service providers
2. **Contracting:** Distribute funds according to the priorities, allocations, and directives of the PB. If funds must be reallocated and do not match initial PB allocations, the Recipient presents a reallocation request to the PB Administrator and PB with supporting data.
3. **Contract monitoring:** Monitor contracts to ensure that subrecipients meet their contracted responsibilities in compliance with established service standards; Recommend reallocations to the PB during the grant year based on service category performance
4. **Technical Assistance to Subrecipients:** Provide technical assistance to subrecipients as needed to build capacity and to improve contract compliance and service delivery
5. **Clinical Quality Management (CQM):** Establish a CQM program to assess the extent to which HIV-related services are consistent with Public Health Service guidelines and to enhance health and supportive service access and delivery and continuously improve systems of care. Includes identifying quality improvement projects. Except for Service Standards, the Recipient has primary responsibility for CQM activities.

#### Shared Responsibilities

The Recipient and Planning Body share the following legislative responsibilities, with one entity having the lead role for each, as stated below:

1. **Needs assessment (NA):** Determine the size, demographics, and service needs of the population with HIV in the TGA. The PB has primary responsibility for NA, with the Recipient assisting and providing the PB information such as service utilization data and expenditures by service category.
2. **Comprehensive planning:** Develop a Comprehensive Plan - ideally an Integrated Prevention and Care Plan - for the organization and delivery of health and support services. The PB takes the lead in developing the Plan, with the Recipient providing information, input, and other assistance. The

Recipient may review and suggest changes to the draft Comprehensive Plan. The Plan is developed every 5 years or as specified by the funding agency, HRSA/HAB. A determination will be made, based on guidance from HRSA/HAB, about whether the plan will be developed jointly between prevention and care, and whether it will also be developed jointly with the State's Part B program.

3. **Service Standards:** Develop and maintain service standards and outcomes measures. The PB takes the lead in this effort, with extensive Recipient involvement.
4. **Evaluation:** On a consistent basis, assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient or special studies. The Recipient takes the lead on evaluation based on HRSA-specified performance measures. The PB may evaluate service effectiveness, as stated in the legislation. PB evaluation will coordinate with the Recipient's activities.

### Administrative Responsibilities

In addition to these legislative roles, the Recipient and Planning Body share the following responsibilities related to RWHAP Part A planning and management:

1. **Fiscal management of PB budget:** The Recipient provides fiscal management of PB budget. The annual PB budget is funded as a part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PB budget must be negotiated between the Recipient and PB. PB Administrator monitors PB expenditures. The Recipient ensures that all expenditures meet RWHAP guidelines as well as local financial management regulations.
2. **Contracting for PB consultants or services:** The Recipient provides contracting services when the PB requires consultants or other contractors. The PB develops the scope of work and makes the decisions about the hiring of consultants and other contractors that are paid through PB funds. Contracting meets local procurement requirements as well as RWHAP guidelines. PB Administrator manages this process, including oversight of contracts.
3. **Office space:** The Recipient and PB maintain separate and distinct office space within the same building where feasible. The Recipient takes the lead in providing appropriate office space for both entities. Office space for the PB meets all Americans with Disabilities Act (ADA) requirements.
4. **Annual application process:** The Recipient has primary responsibility for preparation and submission of the RWHAP Part A application. PB Administrator provides information for the application sections related to PB membership and responsibilities and assists with preparation and review of the application. To the maximum extent possible given time constraints, the PB Executive Workgroup may review the application before submission and make suggestions for its improvement. The PB approves action by the Co-Chairs to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with PB priorities, allocations, and directives, and other information as specified in the annual RWHAP Part A Notice of Funding Opportunity (NOFO) from HRSA/HAB.

### Communication

#### Principles for Effective Communication

The Recipient and Planning Body recognize the importance of regular and open communication and of timely sharing of information. The parties commit to the following principles:

1. All parties establish and maintain open communication. This includes both timely sharing of information and reviewing shared information upon receipt. If issues or problems arise, parties communicate to clarify the situation and decide how best to address it.
2. The Recipient and PB each have a designated liaison responsible for sharing/receiving information for all other communication requests, and for disseminating information within their entity. When questions or concerns arise, the designated liaison ensures that they are addressed timely.



- a. Designated liaison for PB: PB Administrator
  - b. Designated liaison for Recipient: Sr. Health Program Manager.
3. When policies or procedures appear problematic, the parties work together to clarify and, if appropriate, refine them – while adhering to legislative requirements, HRSA/HAB guidance and expectations as stated in RWHAP Part A-related manuals, policy statements, and guidance, and state and local statutes and policies.
4. If either Recipient staff or PB Administrator or PB members receive complaints about the other party, they inform the other party with appropriate protection of confidentiality.
5. The PB is not involved in consumer complaints about services. If the PB/Administrator receive concerns or complaints about a provider, it refers the individual to the provider for resolution through its own grievance process. If the PB/Administrator receives broader, systemic complaints or concerns about services, it refers them to the Recipient.

#### Implementing these Principles

To facilitate communication and implement these principles, parties agree to the following actions:

1. The signatories to this MOU participate in a face-to-face meeting including both entities and all parties before the program year begins and meet at least quarterly throughout the year. The first meeting, held just before the RWHAP Part A program begins on March 1, lays out specific mutual expectations for the year, ensure a mutual understanding of the RWHAP Part A program's status and directions, clarify a calendar for the year including dates when materials/information will be shared, and address potential issues or problems.
2. Both parties provide as much lead time as possible for special requests. Both parties share requested information as quickly as possible, within 5 business days of request. Information received by one entity but important to both – such as Conditions of Award, new or revised HRSA/HAB regulations or expectations, and the RWHAP Part A Program Guidance – are shared within 3 business days. If requests take longer to meet, the party responding contacts the other party within 3 business days to agree on a time frame for meeting the request.
3. See [Appendix A: Communication Plan](#) for detailed timelines of documents to be shared.
4. If requested information is not received in a timely manner, the Recipient and the PB Administrator resolve the situation.

#### Information/Document Sharing and Reports/Deliverables

This MOU encourages regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality.

#### Documents and Information that will not be Shared:

1. The PB does not share the HIV status of members who do not publicly disclose.
2. The Recipient does not share information about individual applicants for service, subrecipient contracts, or the performance of individual contractors; Recipient shares information by service category only and without identifying information if there is only 1 subrecipient for a category.

#### Guidelines for PowerPoint Presentations

1. PowerPoints should be submitted to the PB Administrator via email at least 5 business days before scheduled PB meeting.
2. Minimum font size: 24 points
3. Backgrounds must be a light color with a dark text, preferably white background with black text
4. No more than 5 lines of text per slide

### Settling Disputes or Conflicts

If conflicts or disputes arise about the roles and responsibilities specified in this MOU, the parties use the following procedures to resolve them:

1. Begin with a face-to-face meeting between the parties to attempt to resolve the situation, within 5 working days after the issue or dispute arises.
2. If the situation cannot be resolved by these parties, hold a meeting of representatives of both parties and their supervisors, to discuss the issue and reach resolution if possible, within 10 working days after the initial meeting.
3. If the situation still cannot be resolved, hold a meeting of representatives of the Recipient and PB and their supervisors with the CEO's designee, whose decision is final.

### Responsible Parties and Contact Information

Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time the MOU was adopted, and their contact information, including the individual within their office who receives communications related to this MOU and the RWHAP Part A program.

The MOU continues regardless of changes in the individuals who hold these positions. Their successors are expected to follow the MOU pending the annual review.

For the Recipient:

1. Supervisor of Senior Health Program Manager, Assistant Health Director / Preventive Health
  - a. Dr. Cardra Burns: Cardra.Burns@MecklenburgCountyNC.gov; 980-314-9157
2. Senior Health Program Manager Manager (*Principal Contact*)
  - a. Luis Cruz: Luis.Cruz@MecklenburgCountyNC.gov; 980-314-1606

For the Planning Body:

1. Planning Body Co-Chairs
  - a. Chelsea Gulden: C.Gulden@CarolinaRAIN.org; 704-575-5165
  - b. Christopher Jones: CJImaging@gmail.com; 267-241-1570
2. Planning Body Administrator (*Principal Contact*)
  - a. Kayla Earley: Kayla.Earley@MeckNC.gov; 704-975-4923

### MOU Duration and Review

The MOU is effective once all the authorized individuals representing the Recipient and Planning Body sign it. The MOU remains effective unless or until the parties end it or the Recipient is no longer the recipient of RWHAP Part A funding for the TGA.

### Process for Reviewing and Revising the MOU

The MOU is reviewed and revised periodically, with the involvement and approval of all parties. Reviews occur:

1. Following each reauthorization or legislative revision of the Ryan White legislation by the US Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
2. At least once annually at the first meeting of the parties to this MOU.

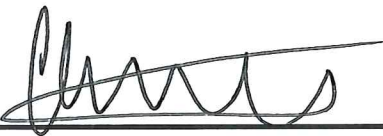
All parties will sign and date the amended version of this MOU once reviewed and revised. The revised version is effective once signed.

## Signatures

X  5/1/2019


---

Luis Cruz  
Senior Health Manager, Ryan White Program

X  04/30/19

---

Chelsea Gulden  
Planning Body Co-Chair

X  5-1-2019

---

Christopher Jones  
Planning Body Co-Chair

X  4/29/2019

---

Kayla Earley  
Planning Body Administrator



## Appendix A: Communication Plan

Ensuring effective Communication between the Charlotte TGA RWHAP Part A Recipient and Planning Body

Who		What		How		When
Sender	Receiver	Communication Type		Method	Frequency / Date	
Recipient	PB	NOFO, Conditions of Award, HRSA/HAB updates, carryover info		Email	Within 5 working days of receipt	
Recipient	PB	Expenditures report by service category, any unexpected expense levels, including over-/under-expenditures		Email / Presentation	1 month before PSRA; October; December; January; February	
Recipient	PB	Suggested reallocations: If allocated category is <5% of total award, then % change is considered and must be reported at ≥20% change. If allocated category is ≥5% of total award, then substracted percents are considered and must be reported at ≥4%.		Email to PB Executive Team including completed table in <a href="#">Appendix B</a>	At least 7 days before regularly scheduled PB Executive Team meetings (1 <sup>st</sup> Wednesday monthly)	
TriYoung	PB	Utilization data by service category, including consumer numbers/demographics for each category and for mutually determined special populations requiring additional analysis, including end-of-year data consistent with the RSR		Email / Presentation	1 month before PSRA; December 15; Within 30 days after submitting the RSR	
TriYoung	PB	HIV Care Continuum data for all PLWH in the jurisdiction & RW consumers / mutually agreed upon breakdowns by subgroups		Email / Presentation	At least 30 days before PSRA; with requests for reallocations; End of FY	
Recipient	PB	Performance/clinical outcomes data including HRSA/HAB-specific measures		Presentation	At least 30 days before PSRA yearly	
Recipient	PB	<a href="#">Documents to support AEAM</a>		Email	By March 31 yearly	
PB	Recipient	Dated list of PB members and their terms of office, with primary affiliations as appropriate		Secure link in email	Within 5 working days of request by Recipient; updates in real-time	
PB	Recipient	Notification of the PB's meetings, orientation, & trainings with agenda and meeting materials		Newsletter / Email	7 days before scheduled meetings	
PB	Recipient	Annual list of service priorities & resource allocations, with the process used to establish them and directives		Email	Within 5 working days of PB approval	
PB	Recipient	Copies of final planning documents prepared by the PB, including NA reports and the Comprehensive Plan		Email	Within 5 working days of PB approval	

Appendix B: Spreadsheet for Recipient Communication to PB regarding recommended Reallocations

Part A	Last FY Actually Spent	Last FY % Spent	PB Recommendation for this FY (\$ amount)	Recipient recommendation by \$ amount	Change in \$ amount	PB Recommendation by % this FY	Recipient recommendation by %	Subtracted change	Change in %	Comments
Service										
Service										
Service										
Service										
Service										
Service										
Service										
Service										
MAI	Last FY Actually Spent	Last FY % Spent	PB Recommendation for this FY (\$ amount)	Recipient recommendation by \$ amount	Change in \$ amount	PB Recommendation by % this FY	Recipient recommendation by %	Subtracted change	Change in %	Comments
Service										
Service										
Service										
Service										
Service										
Service										
Service										
Service										

